

PRSA to Company Pension Transfer

Return To:

Additional Information from Transferring PRSA Provider

Pensions New Business Irish Life Assurance plc Lower Abbey Street Dublin 1			
Member Name			
Member Date of Birth / / /			
Irish Life Reference Number			
Is the transfer from an approved PRSA contract issued under Part X of the Pensions Act 1990 and Chapter 2A of Part 30 of the Taxes Consolidation Act 1997?	Yes	0	No O
Has any benefits been paid to the contributor from this PRSA plan?	Yes	0	No O
Has a Pension Adjustment Order (PAO) granting part of the benefits to the member's spouse been made on the benefits under the existing pension arrangement, or on any pension arrangement from which the transferring arrangement received a transfer? or	Yes	0	No O
Does this transfer represent a non-member spouse's designated benefit granted under a PAO?	Yes	0	No O
If yes to either question a court certified copy of the PAO is needed and we require the additional information below.			

Pension Adjustment Order Questions

One of the following must apply before Irish Life can accept the transfer

- The transfer contains the member spouse's benefit only, or
- If it contains both the member's and non-member spouse's benefit, Irish Life will require that these be split as part of any transfer being accepted.

Irish Life cannot accept a transfer of non-member spouse's benefit into a company pension scheme.

A court certified copy of the Pension Adjustment Order is needed in all cases

Where transfer contains member's benefit only Non-member spouse's details Name: _____ Address: Where was non-member spouse's benefit transferred to? Type of arrangement: _____ Name and address of provider _____ Trustee / employer (if applicable): Policy number: _____ Amount transferred: € _____ Date transferred: ____ / ____ / _____ If you never held the non-member spouse's benefit and cannot answer the questions above then we'll need the following details about the office that originally held the benefits Type of arrangement: _____ Name and address of provider _____ Trustee / employer (if applicable): ______ Policy number (if known): _____ I confirm the answers to all questions in this form are complete and correct. Name Signature



PRSA Provider

Date